

Mary Immaculate School

712 E. Washington
Kirksville MO 63501

STUDENT PICK-UP/RELEASE AUTHORIZATION

Date: _____

Student Name: _____

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Do Not Release To: \_\_\_\_\_

(Copy of legal documentation on file to refuse release to biological parent)

### Pick-up Authorization

Our policy for picking up students is that we have on file a list of people who are authorized to pick up your student, with the exception of any legal custodial parent/guardian(s). We **will not** release your student to anyone who is not on the list.

| NAME | RELATIONSHIP | PHONE# |
|------|--------------|--------|
| 1.   |              | ( )    |
| 2.   |              | ( )    |
| 3.   |              | ( )    |

### After School Schedule (if applicable)

After School Address \_\_\_\_\_ Phone# \_\_\_\_\_

Special Instructions (sitter, walker, transportation by parent, extended care, etc.): \_\_\_\_\_

### Emergency/Early Dismissal (if applicable)

If school has an emergency early dismissal, the information will be broadcast on all major TV (KTVO), Radio Stations (KIRX, KRXL, KTUF, KLTE). We would like to have the following information on file in the office in case of emergency/early dismissal:

### Please check only ONE of the following:

My Student will follow normal procedures.

My Student will/can ride home with \_\_\_\_\_ \*

\*(Must be listed in the Pick-up Authorization Section.)

Special Instructions: \_\_\_\_\_